



HOUSING FORM  
DEPT OF FOOD & AGR #21C54X  
April 4, 2004-April 8, 2004  
Four Nights, Full time participation only  
One form per person or family

#21B8P4

ATTENDEE INFORMATION

Last Name:

First Name:

Address:

City/State/ZIP:

Country:

Business Phone:

Home Phone:

Fax:

Email:

Disability Access Requirements:

Conference Attendee - Private Lodging

Includes 1 Attendee meal ticket (3 meals per day), meeting space charge, employee gratuity, and registration fee.

|                  |          |
|------------------|----------|
| Standard 1 Adult | \$694.60 |
|------------------|----------|

|                  |          |
|------------------|----------|
| Historic 1 Adult | \$570.12 |
|------------------|----------|

|                |               |    |
|----------------|---------------|----|
| Spouse / Guest | \$138.52 each | \$ |
|----------------|---------------|----|

Includes meal ticket (3 meals per day).  
Share lodging with conference attendee above.

|              |  |           |
|--------------|--|-----------|
| <b>TOTAL</b> |  | <b>\$</b> |
|--------------|--|-----------|

Conference Attendee - Shared Lodging

Share lodging with one other conference attendee.  
Includes 1 Attendee meal ticket (3 meals per day).  
meeting space charge, employee gratuity, and registration fee.

|                             |          |
|-----------------------------|----------|
| Standard - Double Occupancy | \$424.84 |
|-----------------------------|----------|

|                             |          |
|-----------------------------|----------|
| Historic - Double Occupancy | \$378.76 |
|-----------------------------|----------|

|              |  |           |
|--------------|--|-----------|
| <b>TOTAL</b> |  | <b>\$</b> |
|--------------|--|-----------|

☐ I am Male ☐ I am Female

Indicate name of preferred roommate below or  
leave blank and Asilomar will assign a roommate.

☐ I am Vegetarian ☐ Medical Diet. See Chef on arrival

CHECK PAYMENT INFORMATION

All checks payable to DNPS at Asilomar.

Mail this form with check to:  
Asilomar Conference Grounds  
P.O. Box 537  
Pacific Grove, CA 93950  
FAX # 831-642-4262

CREDIT CARD PAYMENT INFORMATION

Fax completed form to 831-642-4262

\_\_\_\_ Visa      \_\_\_\_ Master Card      \_\_\_\_ Amex

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Expiration Date 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Card Holder Signature

Asilomar will bill your credit card upon receipt  
and confirmation sent

GENERAL INFORMATION

- Cancellations within 60 days prior to arrival date forfeit all fees..
- All cancellations are subject to a \$25 per person processing fee.
- All rates are for full time conference participation. There is no discount for shorter stays.
- Housing rates are PER PERSON and include lodging, meals, meeting space rental, and all applicable taxes. Meals begin with dinner on the first day and end with lunch on the last day.
- Purchase orders and telephone reservations will not be accepted.
- To preserve the refuge atmosphere at Asilomar, our Guest rooms are free from the distraction of televisions and telephones. There is a business center located next to the front desk.
- All Guest rooms and meeting rooms are non-smoking.
- For additional information see our website [www.VisitAsilomar.com](http://www.VisitAsilomar.com) or call 831-642-4222, option 2